

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/659925

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1	1		
2						
3						
4						
5						
6						
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38						
39						
40						
41						
42						
43						
44					1	1
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	* 10/24/15 *		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53	1					
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		2				
66		2				
67		2				
68		1				
69		2				
70		1				
71		1				
72		1				
73		1				
74	1					
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						